UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	 	
	First Named Inventor	-
(Christopher Stvartak	
Express Mail No.	EV323580553US	

10/634106 10/634106 08/04/03

Mail Stop PATENT APPLICATION Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Enclosed for filing is a complete continuation patent application, entitled "DENTAL HYGIENE SYSTEM HANDLE" invented by:

Christopher Stvartak 9436 Lorel Avenue Skokie, Illinois 60077

Kevin G. Yost 217 Woodland Avenue Winnetka, Illinois 60093

and including the following documents:

Specification including Claims - 24 pages Abstract of the Disclosure Drawings - 4 sheets Return Receipt Postcard

A copy of the original Declaration, Power of Attorney from the parent application Please charge Deposit Account No. 50-1965 in the amount of \$750.00 for the filing fee.

The filing fee has been calculated as shown below taking into account the enclosed Preliminary Amendment.

(1) FOR	(2) NUMBER FILED	(3) NUMBI	ER EXTRA	(4) RATE	(5) BASIC FEE \$750.00	
TOTAL CLAIMS	20 - 20		= 0	X \$18.00	=	\$0.00
INDEPENDENT CLAIMS	2 - 3		= 0	X \$84.00	=	\$0.00
			TOTAL FII	LING FEE		\$750.00

Please use Figure 1 for front page of published application.

Please include Assignee name and address in published application as follows:

John O. Butler Company Chicago, Illinois

This patent application is a continuation of prior Application No. 09/915,081, filed on July 25, 2001.

The entire disclosure of the prior application, from which a copy of the Declaration is enclosed, is considered as being part of the disclosure of the accompanying application and is hereby incorporated therein by reference.

The parent application is assigned to John O. Butler Company.

Charge or credit Deposit Account No. 50-1965 with any shortage or overpayment of the fees associated with this communication. A duplicate copy of this sheet is enclosed.

□ Customer Number

Date: August 4, 2003

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Respectfully submitted,

Rarry W. Sufrin

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